

**NORTH CAROLINA DIVISION OF AGING
and
AREA AGENCY ON AGING**

MONITORING TOOL FOR CARE MANAGEMENT

Community Service Provider: _____
Review Date: _____ State Fiscal Year: _____
Interviewer: _____
Person(s) Interviewed and Title: _____

PROGRAM ADMINISTRATION

Provisions of the Standard

1. The Care Management Unit has a Social Worker and a Registered Nurse.
 - a. The Registered Nurse holds a current license issued by the North Carolina Board of Nursing. Yes__ No__
 - b. The social worker has a BSW or MSW or meets State Personnel requirements for a Social Worker. Yes__ No__

(Page 8-9 of the Care Management Service Standards)

Documentation verifying compliance: _____

Comments: _____

2. The agency uses a screening/intake instrument which addresses the following:
 - a. Client/Individual's identifying information; Yes__ No__
 - b. Client/Individual's ability to perform activities of daily living; Yes__ No__
 - c. Client/Individual's ability to perform instrumental activities of daily living; Yes__ No__
 - d. Client/Individual's perception of health problems; Yes__ No__
 - e. Client/Individual's perception of well-being (e.g. happy, sad, forgetful, confused); Yes__ No__

- f. Client/Individual's living arrangement (alone/with family); Yes___ No___
g. Availability of caregiver support; Yes___ No___
h. Services currently being received. Yes___ No___
(Page 3-4 of the Care Management Service Standards)

Documentation verifying compliance: _____

Comments: _____

3. The agency uses a comprehensive multidimensional assessment tool that addresses the following:

- a. client identifying information; Yes___ No___
b. client's functional capacity; Yes___ No___
c. client's mental status; Yes___ No___
d. client's social status; Yes___ No___
e. client's medical status; Yes___ No___
f. client's economic status; and Yes___ No___
g. client's environmental status. Yes___ No___
(Page 4-5 of the Care Management Service Standards)

Documentation verifying compliance: _____

Comments: _____

SUMMARY OF CLIENT RECORD REVIEW

For the client record review section, pull a random sample of 5-10% of the active client files, or not less than 10. If less than 10 files, examine all files. Use the attached questions to review each client file. You will need to make a copy of the attached questions for each client file reviewed. After reviewing the client files, complete the questions listed below to summarize client record information.

Of the (number) client files reviewed,

5. Out of ____ (number) clients needing registration information updated, ____ (number) had registration information updated.
6. ____ (number) contained a completed screening/intake instrument;
7. ____ (number) contained a completed comprehensive multidimensional assessment;
8. ____ (number) assessments were signed by the Social Worker and the Registered Nurse;
9. Out of ____ (number) clients needing reassessments, ____ (number) were completed;
10. ____ (number) care plans were developed within 12 working days of the initial screening/intake and contained all required elements;
11. ____ (number) care plans were reviewed quarterly by both the Social Worker and the Registered Nurse;
12. ____ (number) indicated that monthly contacts to the client had been made and that at least a quarterly home visit was made; and
13. Out of ____ (number) of clients having health related needs, ____ (number) had the Registered Nurse conducting the quarterly home visits.
14. ____ (number) clients were made aware of Client/Patient Rights.
15. Out of ____ (number) of clients referred to a provider for service, ____ (number) had signed a Release of Information form.

Additional Comments: _____

Signature of AAA Administrator/DoA Staff

Date _____

CLIENT RECORD REVIEW

Client Name _____

Date _____

Interviewer _____

1. The client registration information had been updated during the the service reassessments. Yes__ No__
(Page 9 of the Care Management Standards)

Documentation verifying compliance: _____

Comments: _____

2. A screening/intake instrument addressing each category required was completed. Yes__ No__

Documentation verifying compliance: _____

Comments: _____

3. A comprehensive multidimensional assessment, which addresses the client's functional capacity, as well as mental, social, medical, economic, and environmental status, was completed. Yes__ No__
(Page 4 of the Care Management Service Standards)

Documentation verifying compliance: _____

Comments: _____

4. The assessment was signed by both the Social Worker and the Registered Nurse conducting the assessment, dated and maintained in the client's file. Yes__ No__
(Page 5 of the Care Management Service Standards)

Documentation verifying compliance: _____

Comments: _____

5. Reassessments were completed by the Social Worker and the Registered Nurse at least every 12 months and addressed the client's functional capacity, as well as mental, social, medical, economic, and environmental status. Yes__ No__
(Page 5 of the Care Management Service Standards)

Documentation verifying compliance: _____

Comments: _____

6. Care plans were developed within 12 working days of the initial screening/intake and contain the following elements:

- | | |
|---|------------|
| a. Outcome oriented goal statements and conditions for case closure; | Yes__ No__ |
| b. Both informal and formal services to be provided; | Yes__ No__ |
| c. Agencies responsible for service provision; | Yes__ No__ |
| d. Frequency of service provision; | Yes__ No__ |
| e. Duration of service provision; | Yes__ No__ |
| f. Signature of the client/designated representative indicating agreement with the care plan; | Yes__ No__ |
| g. Signature of the Registered Nurse and the Social Worker developing the care plan; and | Yes__ No__ |
| h. Date of care plan development. | Yes__ No__ |
- (Page 5-6 of the Care Management Service Standards)

Documentation verifying compliance: _____

Comments: _____

7. Care plans were reviewed at least quarterly or as the client's condition warranted by both the Social Worker and the Registered Nurse. Yes__ No__
(Page 6 of the Care Management Service Standards)

Documentation verifying compliance: _____

Comments: _____

8. Monthly contacts (e.g. telephone, home visit, office visit) were made to the client by the Care Manager. Yes__ No__
(Page 6 of the Care Management Service Standards)

Documentation verifying compliance: _____

Comments: _____

9. At least one contact per quarter was conducted in the client's home.

Documentation verifying compliance: _____

Comments: _____

10. If the client has health related needs, then the Registered Nurse conducted the quarterly home visits. Yes__ No__
(Page 6 of the Care Management Service Standards)

Documentation verifying compliance: _____

Comments: _____

11. The client was made aware of Client/Patient Rights. Yes__ No__
(Page 8 of the Care Management Service Standards)

Documentation verifying compliance: _____

Comments: _____

12. The client had a signed Release of Information form if they had been referred to a provider for service. Yes__ No__
(Page 8 of the Care Management Service Standards)

Documentation verifying compliance: _____

Comments: _____